

FIFTH ANNUAL REPORT
OF THE
Social Service Department
OF THE
MASSACHUSETTS GENERAL HOSPITAL

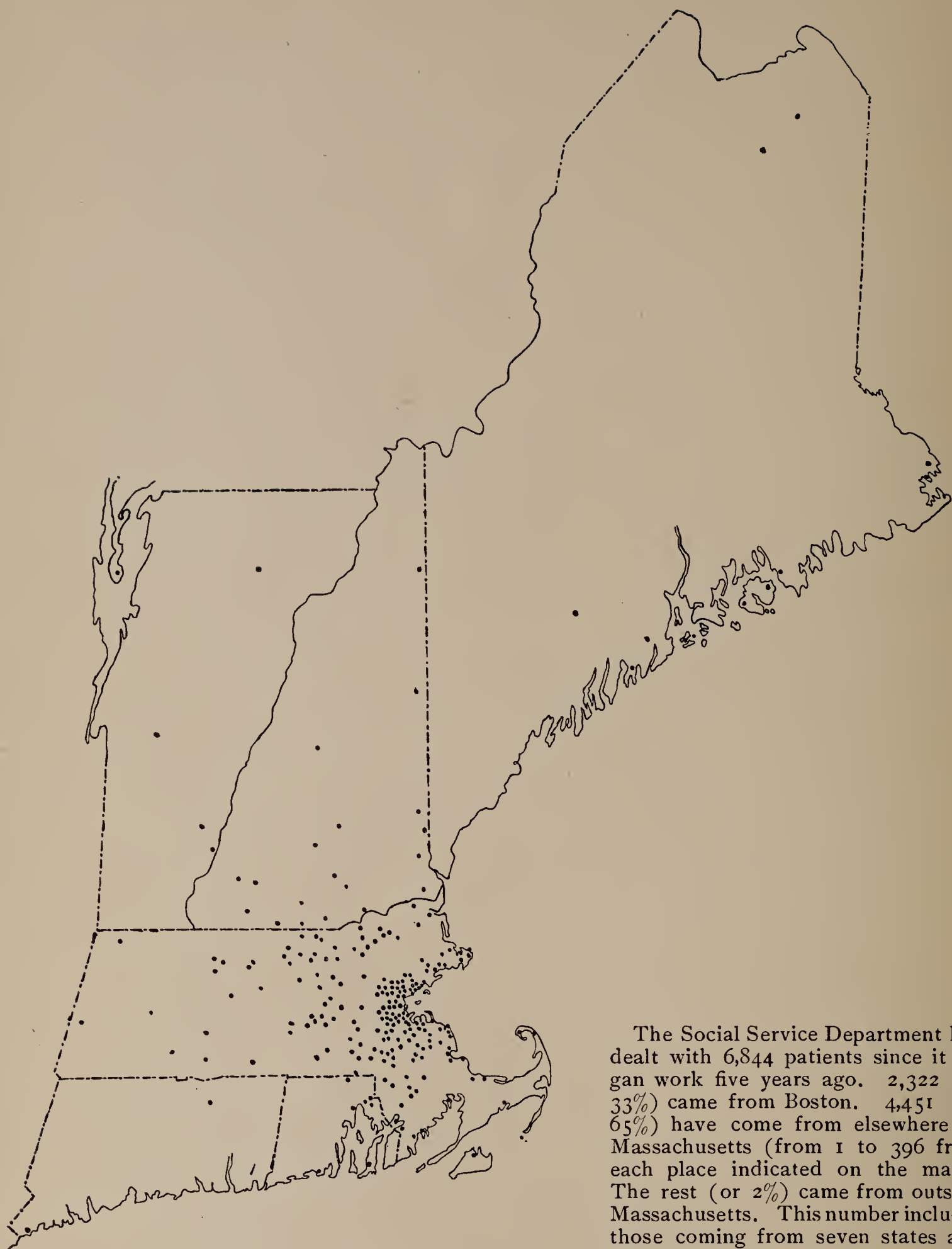
January 1, 1910, to January 1, 1911

Why Do We Need Social Service In Hospitals?

Because the sick and suffering people who come there often owe their troubles to bad housing, bad habits, ignorance, money difficulties, domestic worries, disappointments and many other non-medical, non-surgical causes which the doctor cannot investigate or remove.

Such social troubles need social diagnosis and social readjustment: without this help the illness and suffering cannot be cured. Through such social investigation of the homes and workshops illness can be prevented, money saved to the hospital and the patients, and time saved to the doctors.

The Social Service Department is wholly a private venture, welcomed, but not supported by the hospital funds. It depends wholly upon private subscriptions for its support.



The Social Service Department has dealt with 6,844 patients since it began work five years ago. 2,322 (or 33%) came from Boston. 4,451 (or 65%) have come from elsewhere in Massachusetts (from 1 to 396 from each place indicated on the map). The rest (or 2%) came from outside Massachusetts. This number includes those coming from seven states and three provinces not shown on the map.

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BOSTON :
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1911

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October 1, 1910, to January 1, 1911

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Miss MARGHERITA RYTHER
Miss KATHERINE BURRAGE

April 1, 1910, to January 1, 1911
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Work with Sex Problems

Mrs. JESSIE D. HODDER

Mrs. HARRIETTE E. PATTEN, Assistant

Stenographer and Bookkeeper

Miss HELEN A. SAWYER

Tuberculosis Classes

Physician in Charge

Dr. JOHN B. HAWES, 2d

Visitors

Miss ELLEN T. EMERSON
Dr. INA DAVID

From January to June, 1910
From June to November, 1910

Volunteers

Miss Charlotte Allen	Miss Ora M. Lewis
Miss M. Collins	Miss Susan C. Lyman
Miss Constance Cunningham	Miss Dorothy Mandell
Miss Elinor Dodge	Miss A. M. Mitchell
Miss Dorothy Drake	Mrs. Harriette E. Patten
Miss M. C. Eliot	Mrs. W. R. Peabody
Miss Ruth Eliot	Miss A. E. Potter
Miss Margaret Estabrook	Miss Margherita Ryther
Miss Edith S. Fisher	Miss Edith Stedman
Miss Mary B. Fuller	Miss Lucy W. Stockton
Miss Frances Goodwin	Miss Grace Stackpole
Mrs. Olive Hasbrouck	Miss Ethel Vaughan
Mrs. Eugenie Hatch	Miss Marion Webb
Miss Louise Jackson	Miss N. Young
Miss H. P. Kimball	Miss Margaret Warren

Student Volunteers

*Miss Belle Ballou	*Mr. E. F. Holway
*Mrs. Helen Bourdon	*Miss Lillian Howell
*Miss Lucy Bradley	*Miss Eva C. McDonald
†Miss Harriet Bubier	*Miss Eunice A. Miller
*Miss Harriet Hanson	*Miss Cora B. Rackle
*Miss Ada Stafford	

*From the Boston School for Social Workers

†From Children's Hospital

To the Supervisory Committee the following Report is Submitted:

During its century of active work the Massachusetts General Hospital has never limited its services to patients coming from Boston and its vicinity. In its wards and its Out-Patient Department are to be found patients from all over New England.

This fact is of vital importance to the social worker, since the patient's place of residence often determines what we are able to do for him. *The nature of his disease* — his broken leg, his anemia, tuberculosis or flat foot — *and the nature of his need* — a set of teeth, a change of work, friendly advice or institutional care — may or may not be connected with the place from which he comes. But a need which could be easily met in a city well stocked with charities and intelligent social workers harnessed for good team work, may present an almost impossible problem if the patient happens to inhabit one of those communities where the word "social" is never linked with the word "work."

Boston housed only 740 or 43 per cent of the 1,709 patients referred to us this year. For these, easily accessible to our workers and able to profit by Boston's matured and seasoned army of expert social workers and "cheerful givers," our problem is greatly simplified.

Through the Bureau for Confidential Exchange of Information organized by the Associated Charities, we are in close and helpful coöperation with 86 of Boston charities. A telephone call assures us once for all whether or not any of these 86 agencies has already dealt with our patient. As a matter of fact 656, or about one-third of our 1,709 new cases had already been dealt with by some other agency.

The following illustration shows how this exchange of information may be of use to our sick people and how duplication and waste may be prevented.

During the fall a patient suffering with an abscess was referred to us. Much agitated she tried to explain in broken English that she

could not come for treatment because she had six children to care for and her husband was out of work. While the patient was still at the hospital it was learned by telephone that the family had been known for several years to the Hebrew Benevolent Association, the Massachusetts Infant Asylum, the Department of State Minor Wards of the State Board of Charities, and at different times to the Gwynne Home and the Children's Mission. Each of these agencies was communicated with and a conference of those most interested was called. In view of the new problem arising through the woman's illness a new plan for the family was worked out, the medical-social worker contributing her knowledge of the present physical needs. Two of the children remained in the care of the state; the Massachusetts Infant Asylum took charge of the baby until the mother was again well enough to receive it; work was found for the man and the Hebrew Benevolent Association furnished a visitor who could talk intelligently with the patient.

The Bureau from which we obtain such assistance as this is now made use of by 15 of the medical agencies of Boston, 7 of which are social service departments in hospitals or dispensaries. This coöperation suggests the valuable results that could be obtained if all other medical agencies could check up their work by some such method. It is a well-known fact that there is much overlapping in the field of medical charity. All medical-social workers should welcome any means of coöperation among those dealing with patients from the same locality. It would surely mean less duplication of effort, and it should also result in more effective care for our needy sick, and more thoughtful attention to many of our local health problems.

Suburban Resource Catalogue

For use in our work outside Boston we have accumulated gradually a resource catalogue corresponding with the Boston Directory of Charities. Our catalogue contains items from 22 different states and counties, 123 cities and towns in Massachusetts, and 76 outside Massachusetts. A total of 859 different resources are on our list. These data have been accumulated gradually during the past four years through our efforts to work out the problems of our patients. Among our "resources" are found Boards of Health, Visiting Nursing Asso-

ciations, Women's Clubs, Relief Organizations, Overseers of the Poor, hospitals, churches, societies and "benevolent individuals" (especially those interested in some one nationality); also shops where outdoor outfits, wheel chairs, artificial limbs and apparatus can be obtained.

As we deal with these interested groups we believe we are doing more effective work for our present and future patients as well as for the larger crusade of community health. We can often help to bring home to each locality the seriousness of its own problem as that problem is presented by the patients under our care.

The most generally available private resource is the visiting nurse, for in many places where no other social agency exists, some Women's Club has installed a nurse. Unfortunately, in some places most of these nurses are tied to their local physician, so that we can not get any help from the nurse without divorcing the patient from the care of our own medical staff — a separation which may prove disastrous. We occasionally find that opposition to the visiting nurse still exists among some of the suburban physicians who seem to see in her a possible rival and not the ally she has invariably proved herself to be.

The development of Anti-Tuberculosis Associations throughout New England during the last three years has been of great significance and has often made it possible for us to act merely as the link between the patient and the Association, instead of having to undertake the whole burden of caring for the patient and supervising the family. Nevertheless, many New England communities are still woefully in need of such agencies as Anti-Tuberculosis Associations and well organized Associated Charities. In such communities we usually have to do the actual work ourselves.

Shall We Question Why?

As time goes on and evidence accumulates we are getting suspicious about a certain town which is sending us a noticeably large proportion of unmarried, pregnant girls. Why do so many cases of tuberculosis come to us from localities where factories and quarries furnish employment for most of the working people? Is it lack of good medical agencies to advise these people at home; or is it carelessness in health inspection? Is it social absent-mindedness on the part of private employers or of great corporations doing business

there ? More and more we long to get at the causes back of this accumulation of misery, this mass of wreckage that drifts to the hospital, much of it too hopeless even for repair. In coöperation with one of the physicians we have been attempting this in a small way during the last year. We want to know more of the relation of disease to occupation, early life, home environment and personal hygiene. We have not done much yet, but we have seen enough to convince us of the importance of such investigation could we afford to employ a special worker properly trained to study the industrial and social significance of many of the diseases that are seen in the medical clinics.

Here is a girl of sixteen, suffering from spinal curvature. For a year and a half her ten-hour day has been occupied solely in pressing one lever with her right foot and swinging another lever with her right arm. Is her spinal curvature a coincidence ; or is that factory manufacturing crooked backs as well as articles of commerce ? Or is it her personal habits and her poor nutrition that have made her spine sure to bend in some abnormal way regardless of the work she does ?

A young colored man, possibly affected with tuberculosis of the lungs, is found to be living on a monotonous restaurant diet of stewed tomatoes, tea and bread. Does this prove the need of practical instruction in food values for boys and girls and parents in our public schools ?

How does it happen that another patient is suffering from lead poisoning after one month's employment in a storage-battery factory ?

Such are the questions that we must face and then reluctantly pass by because our present force has all it can do to grapple with the individual needs of the patients sent us.

Tuberculosis

Three new state sanatoria for tuberculosis have been opened at North Reading, Lakeville and Westfield. This modifies our work and lightens our difficulties to some extent. It is easier now to take patients out of homes where they cannot be decently cared for, or where they are a danger to their families by contagion. More of these sufferers can now get into the new State Hospitals, partly because there are more beds, partly because any legal resident of a

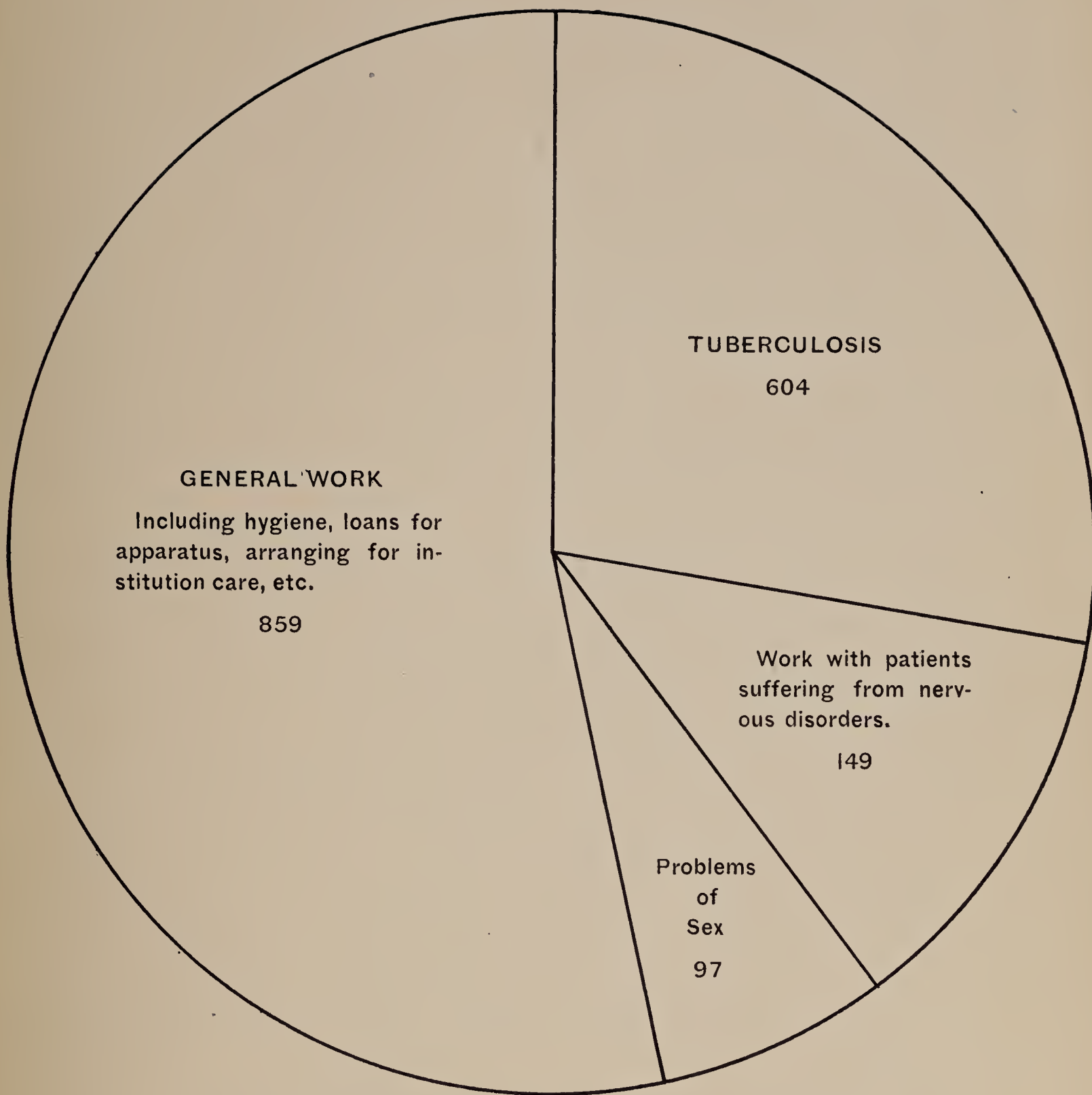


Diagram showing different types of problems referred to the social service department during the year. Details about the general work have been presented in previous reports.

city or town has now the right to be boarded at the expense of his town in one of the state sanatoria, always provided that he cannot himself scrape together the money.

Yet even with these new sanatoria and with the rapid increase in day camps, anti-tuberculosis associations and classes, we are still very far from a satisfactory solution of our tuberculosis problem. Many patients still refuse to accept the diagnosis of tuberculosis made by a skilled physician, and cling desperately to the dictum of the practitioner who assures them that they have only "bronchitis" or "bronchial catarrh" or even "stomach trouble." Over and over again we have to sit by and see such patients throw away their golden opportunities for recovery, and later drag themselves back to us to plead for help when it is too late, when all their savings have been spent in a vain search for health, and when the disease has got a fatal hold upon their lungs. How far it is the fault of the practitioner, and how far the result of intellectual cowardice in the patient, it is hard to decide.

Our records show very clearly that even when we have succeeded in placing a patient in the sanatorium our difficulties are but just begun, for it is often as hard to *keep him there* as it was to induce him to go in the first place. Of the 105 patients sent by us to sanatoria during the year many later left against advice.

All sorts of natural human longings lead tuberculous people to desert the sanatoria before they are fit to leave. There is the patient who cannot eat or sleep because he is so homesick, and the mother in intolerable distress over the child at home who she is sure needs her care. There is the father who, rightly feeling his responsibility for the support of the family, persuades himself that he is well and able to work because he sees that he has gained weight and is vigorous. He will not be convinced when the doctors tell him that he is quite unfit for work.

We all know that illness and bodily weakness often sap the vitality of people's moral nature, but now and then we see a patient who, in spite of the knowledge that he cannot get well and in spite of the longing to spend his last days at home with his family about him, nevertheless bravely awaits his death in the hospital so that his wife and children may be spared the danger of contagion. Such a man — an Italian — is now dying at one of the State sanatoria. We have helped a little by mailing him Italian books, by sending his wife

to see him occasionally, and by giving him the assurance that we will do all that we can for his family after he has gone.

Of the essentials for the treatment of tuberculosis as laid down in the text-books, there is not one that can be made to work without a vast amount of labor over details and personal adjustments. *Food, rest, and fresh air are commodities which cannot be delivered like drugs. We may order them but they do not get there unless personally conducted all the way.* Unfortunately it is often impossible for us to give such an amount and kind of personal supervision as will enable us to feel confident that we have really made effective these three essentials in the treatment of tuberculosis. We look forward to the time when the public shall make it possible for us to see that every patient has this service.

Table showing the different forms of tuberculosis referred to us during the year, for hygiene supervision or institution care.

Tubercular abscess	6
„ arthritis	1
Tuberculosis of bones other than the spine	30
„ „ the spine (Pott's disease)	15
„ „ „ eye	3
„ general	1
„ of genito-urinary tract	6
„ „ glands	46
„ „ kidney	2
„ „ larynx	15
„ „ miliary	3
Tubercular peritonitis	6
„ pleurisy	3
Tuberculosis, pulmonary	429
„ „ (doubtful cases)	37
Tubercular synovitis	1
	<hr/>
	604

Changes in the Suburban Tuberculosis Class

The Suburban Tuberculosis Class conducted by this department for the last five years was in October, 1910, transformed into a regular department of the hospital for the administration of tuberculin and the hygienic care of all forms of tuberculosis. It was placed under the direct control of the hospital management, and the physician in charge made Assistant Physician to Out-Patients at the hospital. The hospital now provides a nurse, a room and the necessary equipment. Home visiting of patients, a most important part of treatment, is done by the Social Service Department workers just as for other departments of the hospital.

We feel that this class has served its original purpose in caring for patients who live in outlying towns where there were no anti-tuberculosis associations, until further state and local provisions had been made. We feel that we have, through the care of individuals, often been able to help arouse communities to the consciousness of their responsibilities. We have also, in these five years, helped to demonstrate the value of home hygiene, of personal supervision and the use of tuberculin in the treatment of *eye tuberculosis*. The success of this method of treatment, carried on two years ago, was the foundation for the present flourishing tuberculosis classes at the Eye and Ear Infirmary and Carney Hospital. Equal success has been met with in cases of glandular and bone tuberculosis.

In the tuberculin clinic above referred to the number of patients with pulmonary tuberculosis has steadily decreased; at the present time there are not more than two or three in regular attendance. On the other hand the number of patients with tuberculosis in other organs is steadily increasing, especially those with tubercular glands. These are referred to us from other departments of the hospital, particularly the Male and Female Surgical and Genito-Urinary Departments. All such patients are treated with tuberculin and are taught how to live at home. We are endeavoring to demonstrate that in the vast majority of cases of "surgical" tuberculosis (i.e., disease in bones, glands, kidneys, etc.) the most important part of the treatment comes before and after the operation, or, in other words, that in non-pulmonary as in pulmonary tuberculosis it is the patient and not the disease which needs treatment.

Tuberculosis classes will probably never play the important part

in the anti-tuberculosis campaign as was at first expected. As the number of sanatoria and hospitals increase (particularly those for the advanced cases), as the medical profession becomes educated in the early diagnosis and the need of reporting all cases, as proper tenement and factory hygiene laws are enacted and enforced and, of most vital importance, as the children are educated in the proper methods of living so as to avoid this and other diseases, the need of the tuberculosis class will become less and less. In small communities, however, and among small groups of patients, a properly conducted "tuberculosis class" will still be an important factor in arousing and educating the public to demand the millennium described above.

Our sincere thanks are given to Dr. Cleaveland Floyd, formerly a medical director of the class, and to Miss Ellen T. Emerson and Dr. Ina David for valuable assistance and help.

JOHN B. HAWES, 2D.

Problems of Sex

Out of a fundamental discouragement with ourselves and our world, out of situations where courage never gets born or born is soon overlaid, crushed and smothered to death, — there emerges in rich and poor alike first a general slackness or listlessness, thence a lust for labor-saving devices such as lying and stealing, and then a proneness to fill up the void of life and divert the tired mind with alcohol, drugs, and sexual vice.

Our experience in three years' work with the results of sexual faults in women does not show a single case in which low wages drove the girl into her trouble. We were looking for this all the time, but in our cases it was not there. Sixty-five per cent of the whole number lived at home and were not under financial pressure at all. Others were comfortably situated as domestics, dressmakers, milliners, waitresses, etc. We do not say that low wages never contributes materially to that discouragement which leads to temptation. But if there are such cases they have not fallen within our field of work. The causes are far more subtle. No two girls are assailed by the same forces or yield for the same reasons. Nor are sexual evils any commoner among the poor than among the rich.

I. Success and Failure

At the beginning of our work we recognized three groups of girls whom we hoped to befriend: unmarried women facing maternity, women with venereal disease (in or near the prostitute class), and those exposed to special temptation. Looking back over the three years' work it appears that (speaking with rough accuracy), we have helped the pregnant girls and failed with the rest.

In previous reports we have explained why we find it necessary to work on one small part only, out of the huge problem of sex as it presents itself at the hospital. We have no workers who can attack the problem in the men's clinics. We must confine ourselves to certain aspects of the problem in young women, and even there we can look forward to success only with one small group.

During the past year Mrs. Hodder has tried again and again to help girls with venereal disease, hoping that her lack of success in the past might be due to exceptional difficulties in particular girls. But at the end of the year her failure with girls of this class is as

marked as her success with those in whom the presence of an unborn child becomes the means of moral regeneration.

She does not believe that this difference represents any fundamental difference in the mental or moral or physical outfit of the two groups. One set gets caught, the other set doesn't. One set is arrested, not by the law but by a revulsion of feeling which suddenly brings them face to face with the consequences — the possibly inspiring and ennobling consequences, of their acts — maternity, approaching or achieved. New hopes and fears, a new and powerful instinct, in itself as ungoverned as any other, is set loose in the personality. At the same time, or earlier, there is a fearful (or beautiful) need for a helping hand, for a faithful friend, who will defend the girl from scorn and ostracism, prepare her for the ordeal awaiting her and see her through in kind and skilful hands.

This is the unequaled opportunity to which a woman like Mrs. Hodder springs forward with all the eagerness born of disappointment with the other groups of girls. Because the diseased girl is often indifferent to her condition and wants no help or friendship, we have been obliged to confess our inability to accomplish anything (except in a few instances) towards changing her life. The great sobering and encouraging influence of maternal instinct, the hunger for friendship and advice that issues from the sense of isolation and danger in the girl who faces maternity — nothing of this kind can be relied upon in the diseased or exposed groups.

We must find other methods, for I believe that if Mrs. Hodder cannot help these girls by direct personal influence no one can. Probably many of the prostitute class are *feeble-minded and should*, therefore, be taken out of the community and put under *permanent custodial care*.

II. Later Chapters

Most stories of the successful befriending of an unmarried pregnant girl end with her marriage. During the past year — the third of her service at the hospital — Mrs. Hodder has realized more than before that marriage does not end the problem in every case. The old faults are not expunged either in husband or wife, and new ones crop up. Her friendly influence, ripening with the years, has enabled Mrs. Hodder to smooth over the difficulties arising in several of "her families," but obviously it does not do to drop them after the wedding ceremony.

Most married people are more or less bunglers in the art of living happily together and this is especially true of marriages which have started out with a blunder or worse. Mrs. Hodder has taught some of her couples deep lessons in the meaning of marriage and the open secret of marital happiness. There may be as much of ignorance as there is of selfishness in the mistakes of the unhappily married and it is just here that help can be given only by one who has herself known marriage happiness. Too many of those who work on problems of sex have known marriage and the marriage relationship only in a superficial way and are unable therefore to give any effective assistance in marital problems.

In this, as in all parts of her work, Mrs. Hodder, is as much needed among the rich as among the poor.

III. New Ventures

Two new branches of the work deserve brief mention :

(1) In increasing numbers people have come to consult Mrs. Hodder about sex problems not connected with our hospital work. Like any other expert she has been able to be of use as a consultant and to guide by her advice the efforts of less experienced people. Consulting practice of this type is now beginning to occupy a part of the time of most experienced social workers and it is, I believe, most desirable that it should be encouraged and made as widely available as it is in law, engineering, or medicine.

(2) A class in "sex hygiene" was organized by Mrs. Hodder during the year and a course of lectures was given by a woman physician to a group which included not only girls befriended by Mrs. Hodder, but a number of other interested persons.

Aside from the tasks above hinted at Mrs. Hodder and her assistant Mrs. Patten have spent much time in the effort to stop the spread of contagious venereal disease. The following history exemplifies this part of the work.

H. S. came down from the Skin Room Feb. 19, 1910, with this message from the doctor: "This boy (aged 9) has syphilis; he says his sister and baby brother are ill. Is it possible that they too are affected? Please investigate home."

A visit showed that the boy was sleeping in the same bed with two of his brothers, one 10 and one 20 years old. The elder brother was persuaded to come to the hospital for an examination.

This showed that he also had syphilis, and had had it for a year — so that he was probably the source of his small brother's infection. The other brother (aged 10) was also examined but found free from syphilitic disease as were the other two children in the family. The infected children were at once separated. Both they and their parents took keen interest in preventing the further spread of the disease. The elder brother showed apparently genuine penitence and readiness to brace up and behave himself. Mrs. Hodder was impressed with his apparently keen appreciation of the cruelty and meanness of his infecting other people. Many of the diseased girls with whom she has talked seem perfectly indifferent to the illness and misery which they might cause through infecting others.

Mrs. Hodder's departure makes a gap in the ranks of our workers which we cannot hope to fill. No such ardent and vivid personality can be duplicated. We shall go on with the work, so far as possible in her spirit and in the light shed by her on all who have worked with or near her.

RICHARD C. CABOT.

Statistics

No. of unmarried girls who become mothers.....	31
„ with question of pregnancy or miscarriage	10
„ of patients with venereal disease.....	31
„ „ „ „ syphilis	12
„ „ „ „ gonorrhœa.....	19
„ „ „ „ „ and syphilis.....	4
„ „ girls both pregnant and with venereal disease	7
„ „ babies who died of syphilis under four months, mothers (apparently) escaped infection	3
Other patients	7

Report of the Psychoneurological Department

I.

The work of this branch of the Social Service Department has two main divisions: first, that which consists in meeting temporary needs of the patients or in securing admission for them to a suitable institution; next, that which consists in giving prolonged personal study to their characters and their affairs.

(a) We shall call attention to only one item of the first sort of work, namely, the recognition and treatment of the milder grades of feeble-mindedness.* A great change has come over the minds

*The term "moron" has been adopted by the Vineland Institution for the patients of this class.

of physicians and social workers with respect to patients of this sort. We now recognize many more children as feeble-minded, and this change is reflected in the records of our department, which cared this year for 24 patients of this kind, compared to 7 last year. We have learned that there are degrees of mental and moral irresponsibility which though apparently slight are really far more common and far more serious in their results than we used to believe, both for the individual and the community. By their mental incapacities they hinder the progress of their schoolmates and waste the time of their teachers. They present sexual temptations in school and out of it. Those who see the dangers involved in these lesser degrees of imbecility are now joining hands to secure for the patients of this class, especially young girls, the protection, education and opportunity for a contented life, which only a well managed institution, such as our excellent schools for the feeble-minded at Waverley and Wrentham, can properly provide. The remarkable family histories and family trees worked out by Dr. H. H. Goddard of the Institution at Vineland, New Jersey, within the past few years, emphasize and extend the observations of Dr. Fernald, and those of the officials of our State, Lyman and Industrial Schools. Imbeciles soon produce imbecile children unless restrained.

The number of insane patients properly provided for in accordance with the request of the Out-Patient Physicians by whom they had been referred has also more than trebled. These two sets of figures are not to be taken as implying that these disorders have become more common but as indicating that our ability to recognize and provide for them has materially increased.

(b) The sort of work, however, on which — in each year, and more and more as time goes on — the workers in this department spend the larger share of their time, their energy and their thought is that which is devoted to patients with the familiar and varied nervous disorders classified as “psychoneuroses.” During the past winter Miss Burleigh* made a careful study of the records of 100 of these patients who had been under the care of herself and her fellow-workers, Miss Antoinette Cannon† and Miss Ryther, during the

*The results of this study were submitted to the Executive Committee and form the basis of this report. All passages indicated by quotation marks are taken from her statements.

†Now no longer with us.

past three and a half years, for periods varying from two months to over three years. The statistical results of this study are given at the end of this report but some of her conclusions may be discussed here.

In striving to help these nervous invalids we seek first to discover in each case the causes that brought the illness on. To do this is of course largely a medical task. It is furthermore very difficult of accomplishment but the investigation which it involves is one which doctors and social workers can fruitfully coöperate in making. More and more clearly it appears in proportion as these maladies are more deeply studied, that a part of the causes of nervous invalidism are inexplicably interwoven with traits and twists of character and temperament that begin to show themselves in early childhood, forming paths of least resistance which it is only too easy to follow unawares and which later experiences tend constantly to deepen, often to the patient's detriment.

The traits that work the most harm are those which involve the habit of yielding to subtle temptations of one or another sort, with the unconscious stifling of the consciousness that such yielding is going on, and the gradual formation of the kindred habit of seeing one's powers of resistance gradually break down. The result of all this is that neurotic patients grow up only too often with a sense of social isolation, of weakened will, of lowered standards of conduct, of immaturity in judgment, of capriciousness in action and, worst of all, with a feeling of being in the grasp of a mysterious enemy whose very nature they are unable to understand.

Miss Burleigh arrived long ago at the important generalization that these patients are often individuals who have never thoroughly grown up. Their temptations and tendencies are those of childhood. This misunderstanding of themselves, this conflict between their better aspirations and their strong but ill regulated and only half recognized desires, tends to breed morbid fears and impulses which take on diverse forms but reveal their real origin and nature only after long and close investigation. Because we believe this strongly, we look forward hopefully to the task of helping to formulate principles of education of practical value for the education of nervous children based on studies of the parents' illnesses. It might be only a little that such principles would ostensibly accomplish in a given case; poverty and poor inheritance would still be constant factors to be

reckoned with, but this little might be expected to count if it helped to modify a tendency of growth. If any friend of this movement would make it possible to employ a special worker to study the children of neuropathic parents, he would do a good work.

Prominent among other causes of prime importance, and to be counted as accessory to those of deep-lying temperamental and educational significance, are unfortunate family conditions, the unhappiness and grief due to "misfits between the patients and their environments"; "the worry incidental to the attempts at adjustment of needs and income," and other influences of like kind. Sometimes the attempt to express these domestic sorrows takes on a half comic form, as in the case of a patient who felt herself unable to sit at table with her brother-in-law "because he was so strong." But such a quasi-ludicrous expression often covers a deep-flowing stream of conflict which we do what we can to learn about and neutralize.

Unfortunately, our poorly educated hospital patients are often far less able to help in this search than our well trained private patients are, and the difference between them and ourselves as regards racial traditions, social customs and still more, as regards language, makes our task a peculiarly hard one. Still, human nature is at bottom the same everywhere, and we are gradually becoming familiar with the different keys in which the lives of these different races of men are set. Thus it is one of the pleasant outcomes of the statistical scrutiny of our past work that it indicates to our surprise, about as large a percentage of good results among the Jews as among other races — leaving out of consideration a certain number of individuals with whom communication was hardly possible except by signs or poor interpreters. The figures are not large enough to be of great importance statistically but thus far it appears (see table on page 25) that of the patients under 40 years of age — who naturally prove by far the most accessible to influences for good — notable improvement takes place among 76 per cent of the Irish, 74 per cent of the Americans, 73.6 per cent of the Jews, and 54.5 per cent of the English patients. (The whole number of the latter is only 11.)

It is hard to say how often it is fair to replace the word "improvement" by the word "cure," and the more so if we conclude, as we think we should, that a *thorough* cure means not only getting rid of

all the disturbing symptoms, but becoming a happy, efficient member of society, not only in spite of illness but even because of it.

“One of these” cured “patients turned the pity she had expended lavishly upon herself into a new channel when one of her friends died at childbirth. She has become a strong, happy woman under the responsibility of caring for the baby.”

Another interesting result of this enquiry is that the character of *the patient's occupation* seems to be an influence of relatively little moment as a cause of nervous symptoms. This does not mean that overwork, fatigue, monotony, play no part, but that these and kindred influences may be found even in the patients who have no specified occupation, and that the more important causes of the nervousness lie elsewhere — namely, in emotional strains and deep-seated mental conflicts.

As regards methods of treatment which have proved successful, while we recognize that some of these are more or less beyond our reach, we feel that we can say a very good word for education, persuasion, encouragement, occupation of a refreshing sort, and — as of course, amelioration of mental and physical environment.

“*Education*” means teaching a patient to make the best of himself, to turn his morbid thoughts into healthy ones, to take a new attitude towards life, as when the patient who has largely overcome his own fears and sense of unreality is given a chance to help other patients to better habits of thought.

By “*Persuasion*” is meant our method of convincing a patient that he is wrong in his own diagnosis. We persuaded one young woman to give up the idea that she had heart disease by proving to her in various ways that she could do things she had given up as likely to prove fatal. We persuaded another woman to believe that her stomach was a teachable part of her body.

“*Encouragement*” is more than talking cheerfully. It is convincing the patient of our sincere but hopeful sympathy, showing her that others are suffering in similar ways but are getting well, bolstering up her courage to meet a given situation, arousing her sense of relationship to other people. Where young girls are in question, we are fortunately sometimes able to assure them that time and more experience will help to set them straight.

“*Amelioration of Environment*” is an influence which we can often help directly or indirectly to secure, as through obtaining op-

portunities for vacations, rest in a sanatorium or getting needed work. In some cases the patient's improvement has been due, so far as we know, rather to these causes than to any change in her mental attitude. We are convinced that education in its broadest sense is the treatment which brings the best and most permanent results. Based on self-knowledge it equips the patient to meet new tests of strength and courage, and gives the needed assurance of success.

The Modeling Class, now in its third year, has been of great help to our patients. Twenty-nine of our psychoneurotic patients have belonged to it, and with the exception of one practically hopeless case of hysteria, they have all learned valuable lessons in living, besides making really beautiful things in clay. This work has held the unabated interest of all who have taken part in it. There have been 92 lessons with an average attendance of 6. Thirteen old patients and 5 new ones have belonged to the class this year. We have had 6 delightful lectures at the Art Museum from Miss Keyes, and Mr. John Craig continued to give us tickets to the Castle Square theatre every week until June. We hope to be able to make the class at least partly self supporting. Detailed accounts of its establishment are to be found in the two previous reports.

There have been two new developments in connection with this work: (1) an arrangement has been made with the North Bennett Street Industrial School so that the work of the class can be glazed in their kiln, and (2) — what is of great interest and importance — at Dr. Osgood's request the members of the class have begun teaching clay modeling to the patients in the orthopedic ward. This passing on of a benefit is a new source of usefulness, helpful alike to those that give and those that receive the gift.

With this record we feel that we can look forward to the new year with hopefulness, and that we have the right to ask our friends for their support.

Classification of Diseases

1907-1908		1909-1910			1910-1911	
New	Old	New	Old		New	Old
74	-----	52	56	Psychoneurosis	37	60
24	-----	30	16	Organic (nerve)	42	22
		14	20	Organic	14	11
5	-----	7	2	Feeble-mindedness	24	13
4	-----	3	2	Insanity	11	
		2	1	Debility	7	
		3		Drug habit and alcoholism	9	3
				Deferred (no disease, 2)	4	2
3	-----	12	1	Unclassified	1	1
110		123	98		149	112
Total	110	221			261	

From the above classification of diseases it will be seen that the number of psychoneurotic patients is slightly less, and the number of other patients slightly larger than in the previous year.

Statistics Relating to 100 Psychoneurotic Patients

(1) Civil Condition

Single	-----	52
Married	-----	38
Widows	-----	9
Divorced	-----	1
		100

(2) Ages

(a) UNDER 40			
Single	44	37 or 84%	improved
Married	26	18 or 69%	„
Widows	2	2	„
	72	57 or 79%	„
(b) OVER 40			
Single	8	3 or 37.5%	improved
Married	12	9 or 75%	„ (incentive
Widows	7	4 or 57%	„ greater?)
Divorced	1	1	„
	28	17 or 60%	„ = 74 or 74%

(3) Supposed Causes of Improvement and Ages of 74 Patients

*Education	35	{ 5 over 40 or 14+%
		{ 30 under 40 or 83+%
Persuasion	10	{ 2 over 40 or 20%
		{ 8 under 40 or 80%
Encouragement	11	{ 5 over 40 or 45.4%
		{ 6 under 40 or 54.5%
Amelioration of Environment	14	{ 5 over 40 or 35.7%
		{ 9 under 40 or 64.2%
Osteopathy	1	under 40
Christian Science	1	under 40
Unknown	2	{ 1 over 40
		{ 1 under 40

74

* An explanation of this term and those below is given on page 23.

There are 14 "Doubtful Cases," which means that at the time of publication of this report improvement is not manifest, though there have been signs of it. The influences observable in these are:

Education.....	4, all under 40
Amelioration of Environment.....	10 { 6 over 40 4 under 40

In 12 no improvement has been seen.

(4) *Nationalities*

American	27
Irish (including those born in America).....	25
Jewish " " " " ".....	19
English " " " " ".....	11
Nova Scotians (including those born in America)	4
German (including those born in America).....	4
Newfoundland.....	2
New Brunswick.....	2
Scotch.....	2
Swedish.....	1
French Canadian.....	1
Bohemian American.....	1
Colored American.....	1
	<hr/>
	100

Percentage of improvement in 4 of the races above listed:

Irish	76 %
"Americans"	74 %
Jewish.....	73.6 %
English	54.5 %

In two instances the cause of improvement is unknown; one patient lives too far away to be closely followed, though she writes she is better; the other has drifted away.

Twenty of this group are still "actively" in our care, 27 "semi-actively," that is, they report occasionally by letter or visit, and in any emergency would naturally turn to us for help.

The reasons why the other 53 are no longer under our observation, have been grouped under the following headings:

Purpose accomplished (Social Service no longer needed).....	16*
Drifted away (for various reasons).....	19†
Live too far away	5
Referred to some one else.....	4
Mother's confidence not won	3
Language	2
Died	2
Too little intelligence	1
Confidence not won	1
	<hr/>
	53

*Of the 16 { 6 over 40 — 37.5%.
10 under 40 — 62.5%.

†Of the 19 { 6 over 40 — 31.5%.
13 under 40 — 68.5%.

Seventy-nine of these patients have been visited, many of them a number of times. Twenty-one were not visited for the following reasons :

Lived too far away	5
Had only temporary homes	7
Visit seemed unnecessary (only)	3
Did not wish home visited	2
Sent to institutions for treatment	2
Referred to another society	1
Home had already been visited to see sister, also a patient	1

JAMES J. PUTNAM,
For the Supervisory Committee.

Changes in the Staff

There have been some important changes in our corps of workers during the last year. On January 1st Miss Gertrude Burleigh, who had worked with the Associated Charities for three years, joined us, bringing to her new duties very valuable experience in social work here in Boston. The first of April Miss Margherita Ryther joined the staff as assistant in the psychoneurological department. Two years' training as a nurse and work with nervous patients have specially fitted her for this field. In May Miss Cornelia Rodman, who had served first as a volunteer and then as a paid worker, resigned to accept a position as social worker in the Boston Trade School. On October 1st the vacancy was filled by Miss Sarah Grant, a graduate of Johns Hopkins Training School for Nurses. Miss Ellen Emerson left us temporarily in June, but we are expecting her to return in the spring.

It is with most sincere regret that we have lost our invaluable and inspiring co-worker, Mrs. Hodder, who has been appointed Superintendent of the Massachusetts Reformatory Prison for Women at Sherborn.

We wish also to give expression to the gratitude of many patients to the Boston Federation of Young People's Religious Unions and the Eliot Circle Lend-a-Hand Society, who have made it possible for us to give car tickets or glasses of milk to tired patients who come to our attention.

We wish, here, to express our appreciation of the continued generosity of our donors, which has made our work possible ; of the cordial coöperation of the medical staff and the hospital authorities, without which we could have accomplished little ; of the helpful service of the volunteers who have given gladly of their time.

Treasurer's Report

Payments

Cash on hand December 31, 1909	\$153.50	Salaries	\$7,341.11
Donations General Work	7,918.50	Relief	1,269.28
* Relief	1,346.52	Loans	396.43
Loans Repaid	292.75	Supplies	447.29
Supplies Sold	19.08	Traveling	175.87
Traveling Expenses		Miscellaneous	437.75
Repaid	45.55	(Annual Report \$257.50)	
Miscellaneous	74.92		
" Gift "	375.00		
Donations, Psychiatric Work ..	1,220.00	Salaries	1,095.56
Donations for Special Psychia-		Relief	73.30
tric Needs	174.25	Loans	22.50
Loans Repaid	6.00	Supplies	6.70
		Traveling	41.29
		Miscellaneous	5.38
		Cash on hand December 31, 1910	313.61
	<u>\$11,626.07</u>		<u>\$11,626.07</u>

J. A. LOWELL BLAKE,
Treasurer.

*See page 31.

Donations for the General Work

Mr. Edward B. Alford	\$10.00	Mr. Charles P. Greenough	\$10.00
Miss Martha A. Alford	10.00	Mrs. Charles S. Hanks	10.00
Mrs. O. H. Alford	10.00	"H.L.H."	5.00
Mrs. B. J. Allan	25.00	Mr. Augustus Hemenway	25.00
Mrs. James B. Ames	10.00	Mrs. Charles P. Hemenway	25.00
Miss Mary S. Ames	25.00	Miss Clara Hemenway	10.00
Mr. C. W. Amory	25.00	Mrs. F. L. Higginson	25.00
Mrs. William Amory	25.00	Mrs. John Homans	10.00
Miss Ellen S. Bacon	5.00	Mr. Clement S. Houghton	25.00
Miss E. H. Bartol	50.00	Mr. Elmer P. Howe	20.00
Mr. Thomas P. Beal	25.00	Miss Fanny R. Howe	10.00
Mrs. J. Arthur Beebe	50.00	Mr. Henry S. Howe	50.00
Miss Anne D. Blake	20.00	Mr. James S. Howe, Jr.	5.00
Mrs. Arthur W. Blake	10.00	Mr. Charles W. Hubbard	10.00
Miss Marian L. Blake	15.00	Mr. Henry S. Hunnewell	50.00
Mr. Jeffrey R. Brackett	10.00	Mr. Walter Hunnewell	20.00
Miss Sarah F. Bremer	25.00	Mrs. C. C. Jackson	50.00
Mrs. Shepard Brooks	300.00	Mr. C. P. Jaynes	25.00
Mr. Samuel N. Brown	20.00	Rev. R. Kidner	5.00
Mrs. E. B. Bryant	50.00	Mr. David P. Kimball	25.00
Mrs. William S. Bullard	20.00	Mrs. Joseph Lee	100.00
Mr. and Mrs. Allston Burr	10.00	Mrs. Percival Lombard	50.00
Mr. Charles M. Cabot	75.00	Mr. Augustus P. Loring	25.00
Mr. Frederick P. Cabot	25.00	Mrs. William Caleb Loring	10.00
Miss L. W. Case	50.00	Mrs. T. K. Lothrop	50.00
Mr. Horace D. Chapin	10.00	Miss Georgina Lowell	10.00
Dr. H. Lincoln Chase	2.00	Mrs. George G. Lowell	15.00
Mrs. B. P. Cheney	100.00	Mr. Arthur T. Lyman	200.00
Mrs. B. Preston Clark	25.00	Miss Julia Lyman	50.00
Mr. James H. Clark	10.00	Miss Mabel Lyman	20.00
Mrs. John T. Clark	10.00	Rev. William P. McQuaid	5.00
Mr. Charles E. Cotting	25.00	Mrs. Charles E. Mason	100.00
Mrs. James M. Crafts	25.00	Miss E. F. Mason	200.00
Mrs. C. P. Curtis	100.00	Miss Fanny P. Mason	2,000.00
Mrs. C. P. Curtis, Jr.	10.00	Miss Frances S. Mead	100.00
Mrs. Eben Dale	5.00	Rev. Frederick H. Means	10.00
Mr. Henry L. Dalton	10.00	Mrs. Daniel Merriman	10.00
Mr. Ernest B. Dane	50.00	Mrs. R. S. Minot	10.00
Mr. Andrew McFarland Davis	25.00	Dr. S. J. Mixter	10.00
Mrs. Horace Davis	5.00	Mr. and Mrs. Frederick S.	
Mr. Frank A. Day	25.00	Moseley	50.00
Dr. Hasket Derby	10.00	Mrs. Herbert Myrick	5.50
Miss Rose L. Dexter	10.00	Mrs. William G. Nickerson	25.00
Judge Frederic Dodge	100.00	Dr. Chauncey W. Norton	50.00
Miss Mary J. Eaton	50.00	Miss Ethel L. Paine	10.00
Miss Elizabeth Brewster Ely	10.00	Rev. George L. Paine	20.00
Mr. William Endicott	50.00	Miss Eleanor S. Parker	20.00
Mr. Arthur F. Estabrook	100.00	Mrs. F. H. Peabody	8.00
Mrs. Glendower Evans	100.00	Mr. Charles L. Peirson	50.00
Dr. Henry W. Farnam	50.00	Miss Sarah S. Perkins	10.00
Miss Alice Farnsworth	10.00	Mrs. Burr Porter	10.00
Mrs. F. P. Fish	10.00	Mr. James M. Prendergast	20.00
Mrs. W. Scott Fitz	100.00	Miss Ellen Day Putnam	10.00
Mr. Henry S. Forbes	500.00	Mrs. N. Rantoul	50.00
Forbes Lithograph Co.	50.00	Mrs. William H. Reed	25.00
Mr. Louis A. Frothingham	10.00	Mrs. F. L. W. Richardson	10.00
Mr. George A. Gardner	55.00	Mr. Roswell R. Robinson	10.00
Miss Harriet Gray	100.00	Mr. William Ladd Ropes	2.00
Miss Isa E. Gray	25.00	Mrs. Robert S. Russell	50.00
Mrs. Henry Copley Greene	3.00	Mr. Robert Saltonstall	25.00

Mrs. Phillip H. Sears	\$25.00	Dr. Charles J. White	\$5.00
Dr. Frederick C. Shattuck	50.00	Mrs. Charles T. White	10.00
Mrs. G. H. Shaw	75.00	Mr. George Wigglesworth	50.00
Mrs. R. G. Shaw	10.00	Mrs. Moses Williams, Jr.	10.00
Miss Emily E. Shepard	5.00	Mrs. R. C. Winthrop, Jr.	25.00
Mr. Francis Skinner	100.00	Miss Mary Woodman	25.00
Dr. F. P. Sprague	50.00	Miss Anne L. Woods	50.00
Mrs. R. M. Staigg	5.00	Mrs. Benjamin L. Young	25.00
Mrs. Robert H. Stevenson	10.00	In beloved memory of Mrs. Payn-	
Mrs. Helen O. Storrow	50.00	Sills	5.00
Mrs. F. E. Sweetser	2.00	In beloved memory of King Ed-	
Mrs. Ezra Ripley Thayer	10.00	ward VII.	5.00
Mrs. Nathaniel Thayer	200.00	Anonymous	25.00
Mrs. J. G. Thorp	15.00	Anonymous	10.00
Mrs. W. W. Vaughan	5.00	Anonymous	20.00
Mrs. Oliver F. Wadsworth	25.00	Anonymous	1.00
Mr. Grant Walker	200.00	"Cash"	25.00
Miss Ellen M. Ward	5.00	"A Friend"	60.00
Mr. Bentley W. Warren	10.00	"A Friend"	100.00
Mrs. Edith F. Webster	40.00	"A Friend"	10.00
Mrs. Mary Pomeroy Wheeler	5.00		
Mrs. A. C. Wheelwright	30.00		
			<hr/>
			\$7,918.50

Contributions for Special Purposes and Relief *

Associated Charities (Boston) ----	\$37.25	Miss Frances S. Mead -----	\$49.85
Associated Charities (Cambridge) ----	11.50	Overseers of the Poor (Boston) --	60.00
Associated Charities (Malden) ----	6.00	Overseers of the Poor (Lawrence)	39.00
Boston Federation of Young People's Religious Unions -----	13.00	Overseers of the Poor (Milton) --	8.00
Boston Provident Association ----	4.50	Overseers of the Poor (North Brookfield) -----	5.00
British Charitable Society -----	6.50	Overseers of the Poor (Somerville)	12.00
"Calais, Maine" -----	74.00	Overseers of the Poor (Watertown) -----	10.00
Cambridge Anti-Tuberculosis Association -----	7.00	Through Miss Mary R. Parkman	2.50
Catholic Women's Guild -----	10.00	Mrs. Francis G. Peabody -----	75.00
Chelsea Girls' Club -----	10.00	Through St. Stephen's Church --	11.00
Mr. Leland H. Cole -----	2.00	Mr. Henry B. Sawyer -----	15.80
Mrs. Charles A. Cummings -----	66.00	State Minor Wards -----	3.25
Miss Frances Greeley Curtis -----	10.00	Mrs. Nathaniel Thayer -----	40.00
Eliot Circle, Lend-a-Hand -----	5.00	Hon. Joseph Turner -----	3.00
Miss Ellen T. Emerson -----	5.00	Mrs. Stephen Waites -----	4.50
Through Emmanuel Church Tuberculosis Class -----	15.00	Miss Ethel Vaughan -----	5.00
Rev. James F. Fitzsimmons -----	2.40	Visiting Nursing Association, Somerville -----	5.25
Miss E. Gardiner -----	50.00	Mrs. Grant Walker -----	25.00
Mrs. Olive Hasbrouck -----	3.00	The Frederick E. Weber Charities Corporation -----	40.00
President Caroline Hazard -----	22.75	Miss Ethel L. Wellington -----	7.00
Hebrew Benevolent Association --	22.75	Widow's Pension -----	108.00
Miss Abbie C. Hitchcock -----	9.00	Mrs. Frank W. Wildes -----	10.00
Mr. and Mrs. Albert Howe -----	13.77	Woman's Relief Corps -----	139.97
Invalid Aid Society -----	8.00	Anonymous -----	75.00
Miss Mary S. Keene -----	5.00	Anonymous -----	8.00
Miss H. F. Kimball -----	5.00	Anonymous -----	14.00
Lend-a-Hand Society -----	11.25	Anonymous -----	50.00
Mr. Alfred E. Lunt -----	2.00	"A Friend" -----	50.00
Rev. William P. McQuaid -----	6.00	"A Friend" -----	12.38
Through Massachusetts Charitable Eye and Ear Infirmary -----	1.75		
Through Massachusetts Commission for the Blind -----	12.60		\$1,346.52

*Solicited by the workers in the Department (largely for out-of-town patients) for such purposes as apparatus, vacations, railroad fares, car fares, cab fares, educational purposes, lunches, sanatorium care and outfits, and care in private hospitals.

Contributions for Psychoneurological Work

"A. L. C." Fund	\$30.00	Lend-a-Hand Dramatic Club	\$25.00
Mrs. Maria S. Auchincloss	25.00	Miss Martha Packard	5.00
Miss Ellen Bancroft	25.00	Mrs. W. Rodman Peabody	10.00
Miss Eleanor C. Bramhall	100.00	Miss Elizabeth Cabot Putnam	20.00
Mrs. Shepard Brooks	300.00	Miss Mary P. Sears	20.00
Dr. Richard C. Cabot	2.00	Miss Anna D. Slocum	100.00
Miss Marion Case	5.00	Dr. Elwood Worcester	5.00
Mrs. J. Randolph Coolidge	55.00	Anonymous	4.00
Emmanuel Health Class Fund	8.00	Anonymous	2.00
Through Miss Edith Fisher	43.25		
Mrs. Henry S. Grew	600.00		
Miss Hannah P. Kimball	10.00		
			\$1,394.25

FORM OF BEQUEST

I give and bequeath to the Massachusetts
General Hospital the sum of \$-----
with the hope that it will be used for the sup-
port of what is known as the Social Service
Department of that hospital.

